

Glossary of Common Terms

BadgerCare

BadgerCare extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI to uninsured children and parents with incomes at or below 185% of the federal poverty level and who meet other program requirements. The goal of BadgerCare is to fill the gap between Medicaid and private insurance without supplanting or “crowding out” private insurance.

BadgerCare benefits are identical to the benefits and services covered by Wisconsin Medicaid and recipients’ health care is administered through the same delivery system.

CMS

Centers for Medicare and Medicaid Services. An agency housed within the U.S. Department of Health and Human Services, the CMS administers Medicare, Medicaid, related quality assurance programs and other programs. Formerly known as the Health Care Financing Administration (HCFA).

CPT

Current Procedural Terminology. A listing of descriptive terms and codes for reporting medical, surgical, therapeutic, and diagnostic procedures. These codes are developed, updated, and published annually by the American Medical Association and adopted for billing purposes by the Centers for Medicare and Medicaid Services (CMS), formerly HCFA, and Wisconsin Medicaid.

DHCF

Division of Health Care Financing. The DHCF administers Wisconsin Medicaid for the Department of Health and Family Services (DHFS) under statutory provisions, administrative rules, and the state’s Medicaid plan. The state’s Medicaid plan is a comprehensive description of the state’s Medicaid program that provides the Centers for Medicare and Medicaid Services (CMS), formerly HCFA, and the U.S. Department of Health and Human Services (DHHS), assurances that the program is administered in conformity with federal law and CMS policy.

DHFS

Department of Health and Family Services. The Wisconsin DHFS administers Medicaid. Its primary mission is to foster healthy, self-reliant individuals and families by promoting independence and community responsibility; strengthening families; encouraging healthy behaviors; protecting vulnerable children, adults, and families; preventing individual and social problems; and providing services of value to taxpayers.

DHHS

Department of Health and Human Services. The United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

The DHHS includes more than 300 programs, covering a wide spectrum of activities, including overseeing Medicare and Medicaid; medical and social science research; preventing outbreak of infectious disease; assuring food and drug safety; and providing financial assistance for low-income families.

DME

Durable medical equipment. Durable medical equipment are medically necessary devices that can withstand repeated use. All prescribed DME must:

- Be necessary and reasonable for treating a recipient’s illness, injury, or disability.
- Be suitable for the recipient’s residence.
- Be useful to a recipient who is ill, injured, or disabled.
- Serve a primary medical purpose.

DMS

Disposable medical supplies. Disposable medical supplies are medically necessary items that have a very limited life expectancy and are consumable, expendable, disposable, or nondurable. All prescribed DMS must:

- Be necessary and reasonable for treating a recipient’s illness, injury, or disability.
- Be suitable for the recipient’s residence.

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- Be useful to a recipient who is ill, injured, or disabled.
- Serve a primary medical purpose.

DMS Index

Disposable medical supplies index. The DMS Index lists the items covered by Wisconsin Medicaid, the maximum allowable fee for each item, and the limitations applicable to each code.

DOS

Date of service. The calendar date on which a specific medical service is performed.

Dual entitlements

Those recipients who are eligible for coverage by both Wisconsin Medicaid and Medicare Part A, Part B, or both.

Emergency services

Those services which are necessary to prevent death or serious impairment of the health of the individual. (For the Medicaid managed care definition of emergency, refer to the Managed Care Guide or the Medicaid managed care contract.)

EVS

Eligibility Verification System. The EVS allows providers to verify recipient eligibility prior to providing services. Providers may access recipient eligibility information through the following methods:

- Wisconsin Medicaid's Automated Voice Response (AVR) system.
- Commercial magnetic stripe card readers.
- Commercial personal computer software or Internet access.
- Wisconsin Medicaid's Provider Services (telephone correspondents).
- Wisconsin Medicaid's Direct Information Access Line with Updates for Providers (Dial-Up).

Exceptional supplies

To be eligible for exceptional supply needs, recipients must either:

- Be ventilator dependent.
- Have a tracheostomy that requires extensive care at least twice in an eight-hour period of time.

The exceptional supply procedure code allows Wisconsin Medicaid to separately reimburse certain supplies and equipment usually included in the nursing home daily rate.

Fee-for-service

The traditional health care payment system under which physicians and other providers receive a payment for each unit of service provided rather than a capitation payment for each recipient.

HCFA

Health Care Financing Administration. *Please see the definition under CMS.*

HCPSC

Health Care Procedure Coding System. A listing of services, procedures, and supplies offered by physicians and other providers. HCPSC includes *Current Procedural Terminology* (CPT) codes, national alphanumeric codes, and local alphanumeric codes. The national codes are developed by the Centers for Medicare and Medicaid Services (CMS), formerly HCFA, in order to supplement CPT codes. Formerly known as "HCFA Common Procedure Coding System."

Maximum allowable fee schedule

A listing of all procedure codes allowed by Wisconsin Medicaid for a provider type and Wisconsin Medicaid's maximum allowable fee for each procedure code.

Median

A median is the middle value of a distribution; half the values lie at or above the median, and half lie at or below it.

Medicaid

Medicaid is a joint federal/state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for people with disabilities, people 65 years and older, children and their caretakers, and pregnant women who meet the program's financial requirements.

The purpose of Wisconsin Medicaid is to provide reimbursement for and assure the availability of appropriate medical care to persons who meet the criteria for Medicaid. Wisconsin Medicaid is also

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known as the Medical Assistance Program, Title XIX, or T19.

Medically necessary

According to HFS 101.03 (96m), a Medicaid service that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury, or disability; and
- (b) Meets the following standards:
 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury, or disability;
 2. Is provided consistent with standards of acceptable quality of care applicable to type of service, the type of provider and the setting in which the service is provided;
 3. Is appropriate with regard to generally accepted standards of medical practice;
 4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
 5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature;
 6. Is not duplicative with respect to other services being provided to the recipient;
 7. Is not solely for the convenience of the recipient, the recipient's family or a provider;

8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and
9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

POS

Place of service. A single-digit code that identifies where the service was performed.

Prescription

An order for a service for a particular patient, written in accordance with HFS 107.02(2m), Wis. Admin. Code.

TOS

Type of service. A single-digit code that identifies the general category of a procedure code.

Type 1 Diabetes

Insulin-treated diabetes. The recipient receives insulin injections to treat his or her diabetes.

Type 2 Diabetes

Non-insulin treated diabetes. The recipient may take oral medication to treat his or her diabetes.

